

PLACE OF BIRTH

1. County of Kila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 County Registrar No. 1003
 Local Registrar No. _____

No. 711A Church Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isabelle Antunis (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec 6 1926
 Month Day Year

8. FATHER
 Full name Gonzalo Antunis
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 38 (Years)

14. MOTHER
 Full maiden name Concepcion Escareiga
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Pedro Durango
 (State or country) Mexico
 13. Occupation Miner
 Nature of industry Copper mine

18. Birthplace (city or place) Chihuahua
 (State or country) Mexico
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 7
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Eugene M. Brown M.D. (Physician or midwife.)
 Address Miami, Arizona

Given name added from a supplemental report. _____
 Month, day, year _____ Filed Jan 11, 1927 C. E. Finn
 Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

912-1206-341